



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
*Commissioner
NYS Department of Health*

Dennis P. Whalen
*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

Kendrick A. Sears, M.D.
Chairman

Michael A. Gonzalez, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

PUBLIC

December 6, 2004

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Jennifer Daniels, M.D.
3100 South Salina Street
Syracuse, New York 13205

Re: License No. 177799

Dear Dr. Daniels:

Enclosed please find Order #BPMC 04-280 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect December 13, 2004.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary

Board for Professional Medical Conduct

Enclosure

cc: Janice L. Jennings, Esq.
Tylyn Bozeman, Esq.
P.O. Box 2325
Bartow, Florida 33831

**IN THE MATTER
OF
JENNIFER DANIELS, M.D.**

**SURRENDER
ORDER**
BPMC No. 04-280

Upon the application of (Respondent) JENNIFER DANIELS , M.D. to Surrender my license as a physician in the State of New York, which is made a part of this Surrender Order, it is

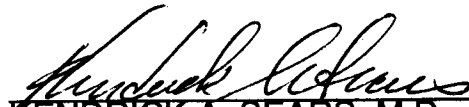
ORDERED, that the Surrender, and its terms, are adopted and it is further ORDERED, that the name of Respondent be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Surrender Order, either by first class mail to Respondent at the address in the attached Surrender Application or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, Whichever is first.

SO ORDERED.

DATED: 12-2-2004


KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

**IN THE MATTER
OF
JENNIFER DANIELS, M.D.**

**SURRENDER
of
LICENSE**

JENNIFER DANIELS, M.D., representing that all of the following statements are true, deposes and says:

That on or about March 29, 1989, I was licensed to practice as a physician in the State of New York, and issued License No. 177799 by the New York State Education Department.

My current address is 3100 South Salina Street, Syracuse, New York, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct has charged me with violations of probation.

A copy of the Notice of Violation of Probation, marked as Exhibit "A", is attached to and part of this Surrender of License.

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I admit guilt of the violations of probation.

I ask the Board to accept the Surrender of my License in satisfaction of all matters that may be presently pending in the jurisdiction of the State Board for Professional Medical Conduct.

I understand that if the Board does not accept this Surrender, none of its terms shall bind me or constitute an admission of any of the acts of alleged

misconduct; this application shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board accepts the Surrender of my License, the Chair of the Board shall issue a Surrender Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted.

I ask the Board to accept this Surrender of License of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Surrender of License, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

DATED

12/2/04



JENNIFER DANIELS, M.D.
RESPONDENT

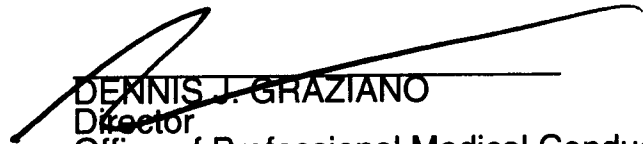
The undersigned agree to Respondent's attached Surrender of License and to its proposed penalty, terms and conditions.

DATE: Dec 2, 2004



KEVIN P. DONOVAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: December 2, 2004



DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct



**STATE OF NEW YORK
DEPARTMENT OF HEALTH**

433 River Street, Suite 303

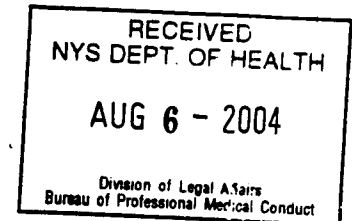
Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

CERTIFIED MAIL - RETURN RECEIPT
OVERNIGHT MAIL
FIRST CLASS-REGULAR MAIL

August 4, 2004



Jennifer Daniels, M.D.
3100 South Salina Street
Syracuse, New York 13205

Jennifer Daniels, M.D.
256 Newell Street
Syracuse, New York 13205

Re: Notice of Violation of Probation
License No. 177799

Dear Dr. Daniels:

As the Director of the Office of Professional Medical Conduct of the New York State Department of Health, I have conducted an investigation and determined that you have violated the terms of probation imposed upon you by BPMC Order No. 01-68R. My determination that you have violated the terms of your probation is based on the following.

The New York State Board for Professional Medical Conduct issued ARB Order No. 01-68R, dated March 18, 2004, which suspended your license for three years, stayed the suspension, and placed you on probation for three years. You signed a return receipt showing that you received the order on March 20, 2004.

Term 2 of the terms of probation required that, "Respondent shall submit written notification to the New York State Department of Health, addressed to the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299: said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State,..." You failed to submit this notification to the Director.

Exhibit A

Term 3 of the terms of probation required that, "Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director." You failed to respond to requests from the Office of Professional Medical Conduct (OPMC) to provide verification of your compliance with the terms of your order, and failed to meet with a person designated by the Director.

Term 4 required you to notify the Director of OPMC in writing if you are not engaged in the practice of medicine, while Term 8 required that if you practice you must have an approved practice monitor and a stated amount of malpractice insurance. You are in violation of Term 4 by failing to notify the Director of your not practicing, or you are in violation of Term 8 if you practiced without having the required monitor or providing proof of malpractice insurance.

Term 7 required that "Respondent shall comply with the Comprehensive Medical Records Review Order within ninety days from the effective date of the Administrative Review Board's Determination and Order in this case." The order was effective upon receipt, March 20, 2004, with 90 days expiring on June 18. Alternatively, pursuant to its cover letter, it was effective seven days after mailing by certified mail, making an effective date of March 25, 2004, with 90 days expiring on June 23. You have not complied with the comprehensive review order within the required 90 days.

Term 1 of the terms of probation required that, "Respondent shall conduct herself in all ways in a manner befitting her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by her profession." Your failure to comply with Terms 2, 3, 4, 5, 7 and/or 8 also constitutes a violation of probation term 1.

By this letter, I am initiating a violation of probation proceeding against you pursuant to New York Public Health Law § 230(19).

If you do not dispute the facts forming the basis of my determination within 20 days of the date of this letter, I shall submit this matter to a committee on professional conduct for its review and determination. If within 20 days of the date of this letter, you dispute in writing the facts forming the basis of my determination, you shall be afforded a hearing before a committee on professional conduct. You have the right to such a hearing and may be represented by counsel.

A stenographic record of this hearing will be made. The committee, after providing you an opportunity to be heard, shall determine whether you have violated any terms or conditions of probation and, if so, shall impose an appropriate penalty as defined in New York State Public Health Law § 230-a. In determining the appropriate penalty, the committee shall consider both the violation of probation and the prior adjudication of misconduct. The chairperson of the committee shall issue an order

adopting the decision of the committee on professional conduct. This order may be reviewed by the Administrative Review Board of the State Board for Professional Medical Conduct.

Since this violation of probation proceeding may result in a determination that your license to practice medicine in New York be revoked, I urge you to consult with an attorney.

Please direct all inquiries and communications regarding this to:

Kevin P. Donovan
Associate Counsel
Bureau of Professional Medical Conduct
New York State Department of Health
Corning Tower, Room 2509
Albany, New York 12237

Very truly yours,



Dennis J. Graziano
Director
Office of Professional Medical Conduct

copy: Janice Jennings, Esq.
Kevin P. Donovan, Esq.

EXHIBIT "B"

GUIDELINES FOR CLOSING A MEDICAL PRACTICE FOLLOWING A REVOCATION, SURRENDER OR SUSPENSION (of 6 months or more) OF A MEDICAL LICENSE

1. Respondent shall immediately cease and desist the practice of medicine in compliance with the terms of the Surrender Order. Respondent shall not represent himself or herself as eligible to practice medicine and shall refrain from providing an opinion as to professional practice or its application.
2. Within fifteen (15) days of the Surrender Order's effective date, Respondent shall notify all patients that he or she has ceased the practice of medicine, and shall refer all patients to another licensed practicing physician for their continued care, as appropriate.
3. Within thirty (30) days of the Surrender Order's effective date, Respondent shall have his or her original license to practice medicine in New York State and current biennial registration delivered to the Office of Professional Medical Conduct (OPMC) at 433 River Street Suite 303, Troy, NY 12180-2299.
4. Respondent shall arrange for the transfer and maintenance of all patient medical records. Within thirty (30) days of the Surrender Order's effective date, Respondent shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate contact person, acceptable to the Director of OPMC, who shall have access to these records. Original records shall be retained for patients for at least six (6) years after the last date of service, and, for minors, at least six (6) years after the last date of service or three (3) years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall ensure that all patient information is kept confidential and is available only to authorized persons. When a patient or authorized representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or sent at reasonable cost to the patient (not to exceed seventy-five cents per page.) Radiographic, sonographic and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of inability to pay.
5. Within fifteen (15) days of the Order's effective date, if Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall advise the DEA in writing of the licensure action and shall surrender his or her DEA controlled substance certificate, privileges, and any used DEA #222 U.S. Official Order Forms Schedules 1 and 2, to the DEA.
6. Within fifteen (15) days of the Order's effective date, Respondent shall return any unused New York State official prescription forms to the Bureau of Controlled Substances of the New York State Department of Health. Respondent shall have all prescription pads bearing Respondent's name destroyed. If no other licensee is providing services at his practice location, Respondent shall dispose of all medications.
7. Within fifteen (15) days of the Order's effective date, Respondent shall remove from the public domain any representation that Respondent is eligible to practice medicine, including all related signs, advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings. Respondent shall not share, occupy or use office space in which another licensee

provides health care services.

8. Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered (by himself or others) while barred from practicing medicine. Respondent may receive compensation for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.

9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and Respondent's license is revoked, surrendered or suspended for six (6) months or more pursuant to this Order, Respondent shall, within ninety (90) days of the Order's effective date, divest himself/herself of all financial interest in such professional services corporation in accordance with New York Business Corporation Law. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety (90) days of the Order's effective date.

10. Failure to comply with the above directives may result in civil or criminal penalties. Practicing medicine when a medical license has been suspended, revoked or annulled is a Class E Felony, punishable by imprisonment for up to four (4) years, under Section 6512 of the Education Law. Professional misconduct may result in penalties including revocation of the suspended license and/or fines of up to \$10,000 for each specification of misconduct, under Section 230-a of the Public Health Law.